CLAIMS ONLY

SERIAL NO.	FILING DATE
09/966751	

APPLICANT

5-12-03   5-17-04   CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/				51						
2	/		/				52						
3			. /			.	53						
4		/					54						
5		X					55						
6							56						
7	/						57						
8							58						
9	.						59						
10							60						
11		.					61						
12	/						62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19		. /					69						
20		/					70						
21		/					71						
22		. /					72						
23		/					73						
24		/					74						
25	/						75						
26			/		/		76						
27				/			77						
28				/		/	78						
29				/		/	79						
30				/		/	80						
31				/		/	81						
32				/		/	82						
33				/		/	83						
34				/		/	84						
35				/			85						
36				/			86						
37				/		/	87						
38				/		/	88						
39			/		/		89						
40				/		/	90						
41			/		/		91						
42				/		/	92						
43				/		/	93						
44				/		/	94						
45			/		/		95						
46				/			96						
47				/		/	97						
48				/		/	98						
49							99						
50							100						
TOTAL IND.	2		4		4		TOTAL IND.						
TOTAL DEP.	12		17		16		TOTAL DEP.						
TOTAL CLAIMS	14		21		20		TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number 09/966 751

Filing Date

Applicant(s)

2

* May be used for additional claims or amendments

CLAIMS	AS FILED 4-20-05 Indep	Depend	AFTER FIRST AMENDMENT Indep	Depend	AFTER SECOND AMENDMENT Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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14						
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37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	4					
Total Depend	16					
Total Claims	20					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						